

Foster Family Home - Corrective Action Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-8

1840 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 12/5/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/05/18. Corrective Action Report issued during home visit with all items due to CTA by 1/05/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)- ecrim lapsed for CG#4: due on/before 7/14/2018, done on 8/14/2018.

7.1.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 12/21/2017, done on 1/22/2018. APS/CAN lapsed for HHM#1 & HHM#2: both due on/before 8/12/2018, both done on 8/22/2018. APS/CAN lapsed for CG#5: was due on/before 12/09/2017, done on 1/22/2018.

Foster Family Home


Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5)- Medication discrepancy for Client #1: 1 medication prescription label did not match medication administration record.


Compliance Manager


Primary Care Giver


Date


Date

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454**

CCFFH Name: Josefa Badua
CCFFH Address: 1840 Kanehonela Rd
Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1	CL#4 ecrim was due on/before 12/31/2017	1/22/2018	Home will use calendar or Iphone to input all due dates. Requirements need to review 2 months before they expire to prevent any future lapses.
7.1.a.2	CL#3 APS/CAN was due on/before 12/31/2017 HAM#1 and HAM#2 APS/CAN was due on/before 8/12/2018 CL#5 APS/CAN was due on 12/09/2017	1/22/2018 8/22/2018 1/22/2018	Home will use a spreadsheet or laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: Josefa Badua

Print Name: JOSEFA BADUA

Date of Signature: 01/17/2019

**Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454**

CCFH Name: Josefa Badua
CCFH Address: 1840 Kanehenehe Dr Rd
Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52-C.S	Medication discrepancy was corrected by client's CMA MD and CPHI on clients medication record	1/5/19	CPHI will look at all medication orders, bottles or MAR before giving drug to ensure all match. Home will notify CMA, MD &/or Pharmacy if they are different.

Primary Caregiver's Signature: Josefa Badua

Print Name: JOSEFA BADUA

Date of Signature: 01/17/2019